



ARIZONA DEPARTMENT OF PUBLIC SAFETY

ARIZONA TRAFFIC TICKET AND COMPLAINT

Correctly mark ☐ as ☒ using a black pen

REPORT NUMBER

2,0,1,5,X,4,0,1,8,9

COMPLAINT		1132453		SOCIAL SECURITY NUMBER (Same as DL #)		MILITARY		<input type="radio"/> COLLISION		<input type="radio"/> COMMERCIAL	
						<input type="radio"/> YES		<input type="radio"/> FATALITY		<input type="radio"/> HAZ MAT	
								<input type="radio"/> SERIOUS INJURY		<input type="radio"/> 18 PASSENGER	
DRIVER'S LICENSE NUMBER		D5009424		STATE		CLASS		ENDORSEMENTS		PRIMARY COMPLAINT NO.	
				AZ		S		M H N P T X D			
NAME FIRST		DANZEL		MIDDLE		MICHAEL		LAST		JACKSON	
RESIDENTIAL ADDRESS		1831 S. SALT RIVER RD		CITY		PHOENIX		STATE		ZIP CODE	
								AZ		85011	
SEX		EYES		HAIR		HEIGHT		WEIGHT		ORIGIN	
<input type="radio"/> MALE		Brown		Brown		6'0"		190		W	
<input type="radio"/> FEMALE											
DATE OF BIRTH (MM/DD/YYYY)		06/16/1977		RESTRICTIONS				PHONE		480-286-8651	
BUSINESS ADDRESS				CITY				STATE		ZIP CODE	
COLOR		YEAR		MAKE		MODEL		STYLE		LICENSE PLATE	
WHITE		1989		FORD		F150				BFF 331	
REGISTERED OWNER (Same as Defendant)				ADDRESS				STATE		EXPIR. DATE	
								AZ		10/15	
VEHICLE IDENTIFICATION NUMBER (VIN)										F1J2778961XTSVAZ1	

THE UNDERSIGNED CERTIFIES THAT:

ON	DATE (MM/DD/YYYY)	TIME OF DAY	SPEED	APPROX	POSTED	R&P	SPEED MEASUREMENT DEVICE	EQUIPMENT NO.	DIRECTION OF TRAVEL
	07/25/2015	1920	→				<input type="radio"/> RADAR		<input type="radio"/> NORTH
							<input type="radio"/> LASER		<input type="radio"/> WEST
							<input type="radio"/> VASCAR		<input type="radio"/> SOUTH
							<input type="radio"/> OTHER		<input type="radio"/> EAST
AT	HIGHWAY	MILEPOST	LOCATION	<input type="radio"/> OFF-HIGHWAY	PRECINCT	COUNTY	STATE	OF ARIZONA	
			1831 S. SALT RIVER RD		PHOENIX	MARICOPA			

THE DEFENDANT COMMITTED THE FOLLOWING:

SECTION	28-1381A1	ARS	TRIAL	VIOLATION	DOMESTIC VIOLENCE CASE
DOCKET NUMBER		DISPOSITION CODES		DISPOSITION DATE	SANCTION
SECTION	28-1381A2	ARS	TRIAL	VIOLATION	DOMESTIC VIOLENCE CASE
DOCKET NUMBER		DISPOSITION CODES		DISPOSITION DATE	SANCTION
SECTION	13-1203A1	ARS	TRIAL	VIOLATION	DOMESTIC VIOLENCE CASE
DOCKET NUMBER		DISPOSITION CODES		DISPOSITION DATE	SANCTION
SECTION	-	ARS	TRIAL	VIOLATION	DOMESTIC VIOLENCE CASE
DOCKET NUMBER		DISPOSITION CODES		DISPOSITION DATE	SANCTION
SECTION	-	ARS	TRIAL	VIOLATION	DOMESTIC VIOLENCE CASE
DOCKET NUMBER		DISPOSITION CODES		DISPOSITION DATE	SANCTION

YOU MUST
APPEAR AT →

COURT	COURT NO.	COURT PHONE NO.
BUSINESS ADDRESS	CITY	STATE ZIP CODE
		AZ

AT THE DATE AND TIME INDICATED →

MONTH	DAY	YEAR	TIME	<input type="radio"/> AM	<input type="radio"/> PM

CRIMINAL: <input checked="" type="radio"/> Without admitting guilt, I promise to appear as directed herein.	<input checked="" type="radio"/> VICTIM?	<input checked="" type="radio"/> VICTIM NOTIFIED?	<input type="radio"/> FINGERPRINTED?
CIVIL: <input type="radio"/> Without admitting responsibility, I acknowledge receipt of this complaint.	I certify upon reasonable grounds, I believe the person named above committed the acts described and I have served a copy of this complaint upon the defendant.		
X IN CUSTODY	COMPLAINANT	15150	LOCATION CODE NO.

You may visit www.azdps.gov/courts for additional court or traffic school information.

ARIZONA DEPARTMENT OF PUBLIC SECURITY

CONTINUATION / SUPPLEMENTAL REPORT

DR NUMBER:

2015-XY0189

On July 25, 2015, at approximately 1900 hours, I responded to 1831 S Salt River Rd., in Phoenix, AZ, in response to a 911 hang up call for service. Upon arrival I was contacted by a Hispanic female who was later identified as Sara Lopez, DOB: 07/07/1977. Sara exited the front door crying, saying: "I need someone to talk to my boyfriend. I don't know why he would do that."

Sara advised me she was making dinner when her live-in boyfriend, later identified as Daniel Jackson, DOB: 06/16/1977, became upset. Sara stated Daniel was angry they were having Spam for dinner. Sara told me Daniel threw two cans of Spam at her while she was cooking, hitting her right forearm and the top of her left calf near the left side of her knee. Sara stated that Daniel had been drinking all day. I observed Sara had a US quarter size bump/abrasion in the middle of her right forearm and redness to her top left calf. Sara advised Daniel had thrown things before but never hit her. Sara stated Daniel continued to yell at her, grabbed his car keys, and left the area. Sara stated Daniel left in a 1989 Ford F150. I advised Dispatch of the provided vehicle description and requested units contact the driver.

While I was speaking with Sara, I observed a white Ford F150 truck bearing Arizona registration BFF331 driving up the road and weaving slightly from side to side. The truck pulled into the driveway at approximately 1920 hours. Sara observed the above vehicle pulling into the driveway and stated, "Oh God, he's back."

I approached the vehicle and observed a white male located in the driver's seat, who was the sole occupant of the vehicle. As I approached the vehicle the male exited the vehicle from the driver's seat and yelled, "You called the cops!" The driver was identified as Daniel Jackson by an Arizona Driver's License. I immediately noticed a slight odor of what appeared to be an intoxicating beverage emanating from Daniel. Daniel's eyes were bloodshot and watery. I asked Daniel what had happened. Daniel stated he and Sara were arguing about dinner because Sara was complaining about what he had bought at the grocery store. He stated that Sara became irate and "went crazy." Daniel told her he was leaving, and took off in the truck. I asked Daniel if he threw anything at Sara. Daniel stated it was Sara that threw the cans at him, but she missed and they bounced off the cabinet near where he was standing. I informed Daniel of Sara's injuries. Daniel stated had no knowledge of them.

I asked Daniel where he had driven to, Daniel advised he "went driving to get away from Sara and clear his head." I observed a 16 oz can of Miller Light beer sitting in the cup holder of the

truck's center console. It should be noted the Miller Light can was still cold to the touch. I asked Daniel if he had been drinking that day. Daniel stated "Nope."

I asked Daniel if he would complete field sobriety tests, to ensure he was safe to operate a motor vehicle. Daniel stated, "Yes, Sir, I'm not drunk." Officer M. Jacobs #1538 stood by as I completed the field sobriety tests. I asked Daniel if he had any medical conditions which would not allow him to perform the tests, Daniel stated "no." The field sobriety tests were conducted on the sidewalk next to the East side of S. Salt River Rd. near a street light and also illuminated by patrol car headlights. The field sobriety tests were not conducted in the presence of police emergency lights.

I administered the Standardized Field Sobriety Tests in accordance with my training. I demonstrated and explained each test before allowing Daniel to continue. Daniel stated he understood each test after the instructions were given. The results of the tests are as follows:

HGN

On 07/25/2015, at approximately 1935 hours, I conducted the HGN test on Daniel. I instructed Daniel to stand with his feet together and place his arms at his side. At this time I again noticed a slight odor of intoxicating beverage and observed Daniel had bloodshot and watery eyes, that his eyes tracked equally, that he did not have nystagmus at rest, and that his pupils were equal in size.

I observed four clues, which included: lack of smooth pursuit in both the left and right eye, and distinct and sustained nystagmus in both the left and right eye

Walk and Turn

Daniel attempted to begin the performance phase on time prior to the completion of the instructions.

Daniel completed the initial steps but broke his heel-to-toe stance during both sets of 9-steps. He also wobbled slightly.

One Leg Stand

Daniel understood the instructions to this exercise without incident.

Daniel put his foot down once during the test.

Finger to Nose

Daniel had to be re-advised of the correct starting position.

Daniel missed his nose with his finger two times out of six. He touched his nose with the pad of his finger instead of the tip.

Following the Field Sobriety Tests, at approximately 1955 hours, I placed Daniel into handcuffs, double locked behind his back, and under arrest for driving under the influence while being impaired to the slightest degree, ARS 28-1381(A)(1) and for assault domestic violence ARS 13-1203(A)(1).

I took digital photographs of Sara's injuries and issued Sara a Victim Rights Form with the report number and my name. I then transported Daniel to the Maricopa County 4th Avenue Jail, located at 201 S 4th Ave, Phoenix, AZ 85003.

Upon arrival at the jail at 2015 hours, Daniel underwent a deprivation period from 2015 hours to 2030 hours. I read Daniel the Admin Per Se Affidavit at 2032 hours, to which Daniel stated he would comply and perform a breath test. The breath test was administered by me, and performed with an Intoxilyzer 8000 model # 80-000433. The breath tests showed a breath alcohol concentration of 0.088% at 2040 hours, and 0.088% at 2046 hours, consecutively.

Subsequent to the breath test, I drew 2 vials of Daniel's blood from his right arm at 2050 hours. These vials were packaged with Daniel's name and the Departmental report number for this case. They will be submitted to the Department of Public Security Crime Lab for processing. It should be noted that I am a certified Law Enforcement Phlebotomist. Daniel was advised of his right to an independent test at 2055 hours.

Daniel was read his Miranda warning at 2057 hours, to which Daniel replied he understood and was willing to speak with me. The interview portion of the Alcohol Influence Report was completed.

I issued Daniel citation, citing him for the following violations: ARS 28-1381(A)(1) driving under the influence while being impaired to the slightest degree, ARS 28-1381(A)(2) driving under the influence B.A.C. +0.08%, and ARS 13-1203(A)(1), 13-3601(A)(1) assault domestic violence.

I explained the citation to Daniel and advised him of the 11/02/2015 court date. Daniel was released to the detention staff to be photographed and fingerprinted at 2116 hours.

On 07/25/2015, at 2135 hours I impounded digital photographs of Sara's injuries into evidence locker LS16 of the property and evidence room, located at 2102 W Encanto Blvd, Phoenix, AZ 85009.

*****Cleared Adult Arrest*****

Additional Documents:

Citation #1132453

Alcohol Influence Report

Admin Per Se

Intox 8000 Results

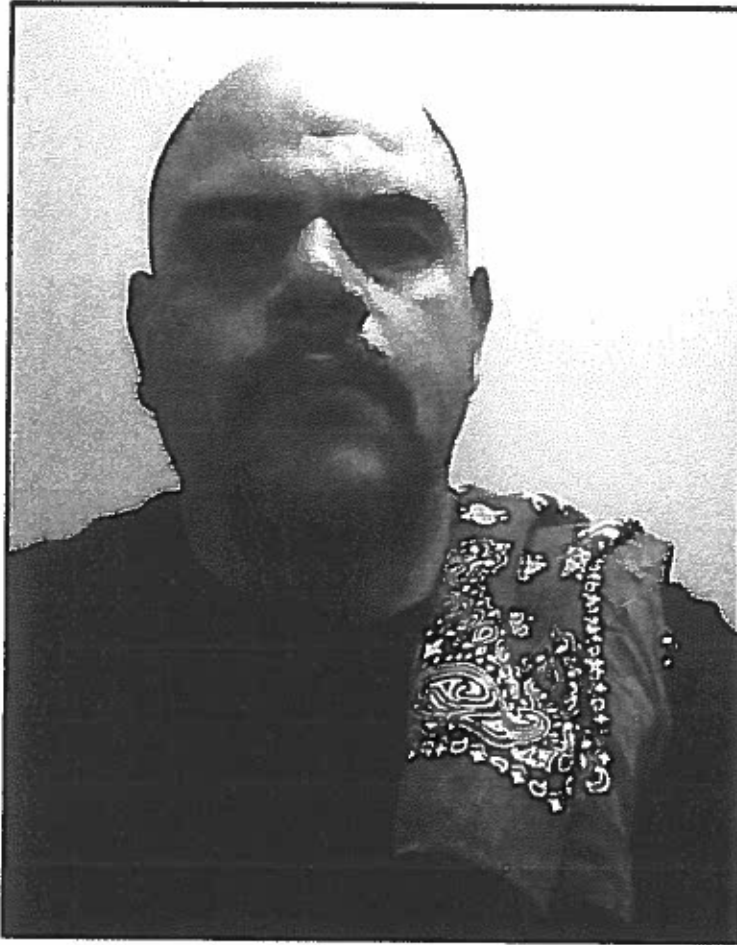
Intox 8000 Checklist

Miranda Waiver

Breath Test Advisory Form

Form 27

ARIZONA DEPARTMENT OF PUBLIC SECURITY
IDENTIFICATION INFORMATION



Booking Date 07/25/2015
Booking # OU831
AZ SID #

Booking Time: 2125
Arrest Agency: ADPS
Arrest # T8965

JACKSON, DANIEL

aka:

Age	38	DOB	06-16-1977	Hair Color	Brown	Glasses	None
Sex	Male	Race	White	Eye Color	Brown	Hair Length	Bald
Height	6'0	Weight	190	Facial Hair	Goatee		



Arizona Department of
Public Safety

2102 West Encanto Blvd.
Phoenix, AZ 85005 - 6638
(602) 223-2000
azdps.gov

Miranda Rights

Report Number: 2015-KY0789 Officer/Detective: J. BAKER 5150

Location: PHOENIX P.D.

Date: 7/25/15 Time: 20:56

Name: DANIEL MICHAEL JACKSON Date of Birth: 06/16/1977

Address: 1831 S. SALT RIVER RD PHOENIX AZ 85011
Street Address City State Zip

Phone: 480 286 8651

Before I/we ask you any questions, you must understand your rights:

1. You have the right to remain silent.

Usted tiene el derecho de guardar silencio.

2. Anything you say can and will be used against you in a court of law.

Cualquier cosa que usted diga puede ser usada en su contra en un juzgado de leyes.

3. You have the right to talk to a lawyer and have him present with you while you are being questioned.

Tiene el derecho de la presencia de un abogado para que el le asista antes de que le hagamos alguna pregunta, y tenerlo presente durante las preguntas, si usted desea.

4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.

Si usted no puede proporcionar un abogado, tiene el derecho que un abogado sea proporcionado para usted, antes de que le hagamos preguntas.

I understand my rights.

Yo entiendo mis derechos.

Signed: [Signature]

Date/Time 7/25/15 8:57

Witness J. BAKER 5150

Date/Time 7/25/15 20:57

Witness _____

Date/Time _____

PRESS HARD - YOU ARE MAKING 5 COPIES

M656790

VICTIM REQUEST FOR, OR WAIVER OF, PRE-CONVICTION AND / OR PRE-ADJUDICATION RIGHTS

This form asks you in writing if you are a victim because there is probable cause that a crime has been committed against you. Opting in does not mean you are "pressing charges." Please keep this form for future reference regarding your case.

1 **<<FORM USE>>**
☒ Initial Contact ☐ By Phone/Mail
☐ Victim-Initiated Changes ☒ In Person

DATE: 07/25/15

2 **<<CASE IDENTIFYING INFORMATION>>**

REPORTING AGENCY: Phoenix Phone #: 602-262-7626
Reporting Officer(s): ST. BAKER 5150 Complain/Report/Citation #: 2015-X40189
Location: 1831 S. SALT RIVER RD Report/Citation Date/Time: 7/25/15 19:57
Offense/Type of Crime: ASSAULT - DV
☐ Felony ☒ Misdemeanor ☐ Petty Offense ☒ Domestic Violence Issue

3 **<<ARREST / DETENTION STATUS>>**

<input type="checkbox"/> SUSPECT NOT IN CUSTODY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> KNOWN ____ ADULT ____ JUVENILE SUSPECT #1 _____ DOB _____ SUSPECT #2 _____ DOB _____ If an arrest/detention in this case is made, you will be notified at the earliest opportunity. If you are not notified of an arrest/detention within 30 days, you may obtain case status information by calling the law enforcement agency indicated in Box 2 above.	<input type="checkbox"/> SUSPECT CITED AND RELEASED / REFERRED ADULT _____ JUVENILE _____ SUSPECT #1 _____ DOB _____ SUSPECT #2 _____ DOB _____ COURT _____ DATE: _____ TIME: _____ If a citation is issued, the accused may appear at any time prior to the date and time shown.	<input checked="" type="checkbox"/> SUSPECT IN CUSTODY - ADULT INITIAL APPEARANCE: SUSPECT #1 <u>DANIEL JACKSON</u> DOB <u>06/16/1977</u> SUSPECT #2 _____ DOB _____ COURT <u>PHOENIX</u> DATE: _____ TIME: _____ CUSTODIAL AGENCY: _____ The adult suspect in custody will appear in court for an Initial Appearance within 24 hours of arrest.	<input type="checkbox"/> SUSPECT IN CUSTODY - JUVENILE DETENTION HEARING: SUSPECT #1 _____ DOB _____ SUSPECT #2 _____ DOB _____ DETENTION CENTER: _____ The juvenile suspect in custody will appear for a Detention Hearing at the county Juvenile Court or Detention Center within 24 hours of detention, but may be released at any time prior to this hearing.
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4 **<<VICTIM OR VICTIM'S LAWFUL REPRESENTATIVE>>**

A. Who was the crime or offense committed against?
Victim: SARA LOPEZ Sex: ☐ M ☒ F Birth Date: 07/07/1977

B. Lawful Representative: _____ Sex: ☐ M ☐ F Birth Date: _____ Relationship to Victim: _____

If lawful representative, check (one) of the following which applies:
☐ The victim has designated me as his/her lawful representative. ☐ The victim is incapacitated or deceased and I am an immediate family member.
☐ The victim is a legal entity (corporation, partnership or business). ☐ The victim is minor child and I am a parent, an immediate family member or legal guardian.
☐ The victim is a vulnerable adult & I am the legal guardian.

C. How can you be contacted? What is your language preference? ☒ English ☐ Spanish ☐ _____

Name: _____
Mailing Address: 1831 S. SALT RIVER RD Apt: _____
Home Address (if different): _____ Apt: _____
City: PHOENIX State: AZ Zip Code: 85001
Telephone: (Primary) 400 381 3355 (Alternate/Message) _____
Email: _____

D. ☒ I REQUEST my rights in this case. OR ☐ I WAIVE (DECLINE) my rights in this case.
I understand that I must keep my mailing address and phone number current with the agency or court responsible for providing my rights. Failure to do so can mean that my rights are waived. I also understand in order to make any changes to the information supplied on this form, I must contact the appropriate agency or court.

(FOR REPORTING AGENCY USE ONLY)
☐ REQUEST / WAIVER exception per A.R.S. § 13-4405(B) and § 6-386(B)

NOTES / COMMENTS:

Victim or Lawful Representative Signature / Date: Sara Lopez 7-25-15
☒

ARIZONA DEPARTMENT OF PUBLIC SAFETY - PROPERTY AND EVIDENCE RECEIPT

Date: 7/25/15	Offense: ASSAULT / ASSAULT W	Date Occurred: 7/25/15	Ofc: J. BAKER	ID: 5150	DR#: 2015-KY 0109	Locker/Time: L516 2/35
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Parties Involved: (S-suspect, V-victim, W-witness, IL-investigative lead, O-owner, etc)

Name: (LAST, first, MI) and DOB:

Address w/ city & zip code

Involvement (S, W, V, Owner, etc)	Name ID (Property Use)
--------------------------------------	---------------------------

JACKSON, DANIEL H 06/16/1977	1831 S. JACT RAUBER RD	Phoenix AZ 85011	S	
LOPEZ, SARA, A (07/07/1977)	1831 S. JACT RAUBER RD		V	
(/ /)				

Use the below "Status Codes" for Property / Evidence being submitted for storage / destruction

Property Description: (Status Codes: EIS - Evidence, ISK - Safekeeping (Known Owner or In Custody), FPS - Found / Safekeeping, FPD - Found / Destroy

Item #	Qty	Item Type	Make	Model / Description	Caliber	Serial #	Color	Value	Owner/From	Status
1	1	CD	Sony	CD w/ Photos					R.D.	EIS
1	1	Bottle	Heuler	Heuler Lite Can					S	EIS
1	1	Can	Spar	Spar Food Can					S	EIS

Comments / Instructions:

Property Released by Officer / Evidence Tech:

Item #	Released To: (Print & sign name)	Reason:	Date & Time	Releasing Ofc. (sign) & ID:	Returned: Date/Time

White Copy: Submit with Property / Evidence

Yellow Copy: Submit with Report

DPS Form Prop-32 (Rev 05-1)



Motor Vehicle Division

Mail Drop 533M
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

ADMIN PER SE/IMPLIED CONSENT AFFIDAVIT

LE or DR Case Number 2015-X9 0189

Complaint Numbers Issued 1132453 - PHOENIX PD

40-5801 R11/11 www.azdot.gov

Charges: ☒ ARS 28-1381 ☐ 28-1382 ☐ 28-1383 ☐ 4-244.34 ☐ 13-1201

☐ Yes ☒ No While transporting hazardous material? (ARS 28-101)

☐ 13-1204 ☐ Other Title 13, Chapter 11 charge: _____

☐ Yes ☒ No While operating a commercial motor vehicle?

Driver Name (first, middle, last, suffix) DANIEL, MICHAEL, JACKSON	Date of Birth 06/16/1977	Driver License Number D5009424	Class D	State AZ
Address 1831 S. SALT RIVER RD	City PHOENIX	State AZ	Zip 85011	

On (date) 7/25/15, at (time) 19:55, at (location) 1831 S. SALT RIVER RD PHOENIX

☐ I had probable cause to believe that the person named caused or was cited for an accident resulting in death or serious physical injury while driving a motor vehicle. (State the probable cause on the lines below.)

☒ I had reasonable grounds to believe the person named was driving or in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs, and I placed the named person under arrest therefore.

Among the facts leading to that belief were: ODOR OF ALCOHOL, POOR FOOT PERFORMANCE, BLOODSHOT + WATERY EYES

☒ The admonitions on the back of the original copy were read to the person. Officer Initials: JB 5150

☐ The admonitions were not read because the person was either unconscious or incapable of refusal.

☒ The person submitted to ☒ breath ☒ blood tests

BLOOD TEST RESULTS PENDING

Test results: ☐ Indicated alcohol concentration of: 0.08 ☐ Indicated positive for _____ (drug) ☐ Results not available

☐ The person refused to take or did not complete the tests in the following manner: _____

☐ Yes ☒ No Did the person cause serious physical injury or death as defined in ARS 13-105 during this incident?

OFFICER CERTIFICATION I certify that the above is true and correct. I request that any hearing be held in <u>MARICOPA</u> County.			
Law Enforcement Officer Name J. BAKER	Badge Number 5150	Law Enforcement Officer Signature <i>J. Baker</i>	
Law Enforcement Officer Agency PHOENIX POLICE DEPARTMENT	ORI Number AZ 0070101	Law Enforcement Officer Station PHOENIX	
Agency Address 620 W. WASHINGTON ST	City PHOENIX	State AZ	Zip 85004
Test Operator Name J. BAKER	Badge Number 5150	Test Operator Signature <i>J. Baker</i>	

SURRENDER OF ARIZONA DRIVER LICENSE

Pursuant to ARS 28-1321 and 28-1385, the law enforcement officer must require the surrender of all Arizona driver licenses or permits in the person's possession. If no license or permit is attached, state reason: ☐ Lost ☐ Destroyed ☐ Nonresident ☐ Other: _____

ORDER OF SUSPENSION	Date Served 7/25/15	Time Served 20:32	Please see reverse side to request a Summary Review or Hearing.
<p><input type="checkbox"/> Pursuant to ARS 28-1321, your Arizona driver license/permit or nonresident driving privilege is suspended effective 15 days from Date Served. The suspension is for 12 months, or 2 years if there is a prior implied consent refusal, within the last 84 months, on your record. This order is final unless a hearing is requested in writing and received within 15 days from Date Served. This action is a result of your failure to successfully complete or refusal to submit to tests to determine alcohol concentration or drug content. This suspension will not end until all reinstatement requirements are met including completion of alcohol or drug screening.</p> <p><input checked="" type="checkbox"/> Pursuant to ARS 28-1385, your Arizona driver license/permit or nonresident driving privilege is suspended for not less than 90 consecutive days effective 15 days from Date Served. If a review of your driver record indicates that you have completed alcohol or drug screening and are eligible for a 60-day restricted driving permit, one will automatically be mailed to your address of record within 45 days from Date Served. This order is final unless a summary review or hearing is requested in writing and received within 15 days from Date Served. This suspension is a result of tests to which you submitted. This suspension will not end until all reinstatement requirements are met.</p>			

SURRENDER OF ARIZONA DRIVER LICENSE

Pursuant to ARS 28-1321 and 28-1385, the law enforcement officer must require the surrender of all Arizona driver licenses or permits in the person's possession. If no license or permit is attached, state reason: ☐ Lost ☐ Destroyed ☐ Nonresident ☐ Other: _____

TEMPORARY DRIVER PERMIT

This entire form will serve as a temporary driver permit that will expire 15 days from the Date Served. However, if you request a summary review or hearing, then this permit will remain valid until the summary review or hearing decision has been made. If your Arizona driver license/permit is currently suspended or revoked, this permit does not authorize you to operate a motor vehicle.

Sex M	Weight 190	Height 6'0"	Eyes BLUE	Hair BLOND	Class D	Restrictions
Permit Not Issued Because						Licenses Signature



ARIZONA DEPARTMENT OF PUBLIC SAFETY ALCOHOL INFLUENCE REPORT

DR NUMBER

2015-XY0189

SUBJECT NAME (LAST)

Jackson

(FIRST)

Daniel

(MIDDLE)

Michael

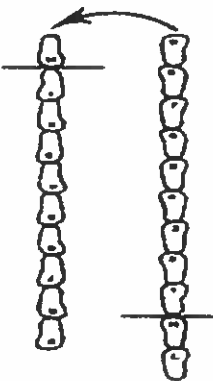



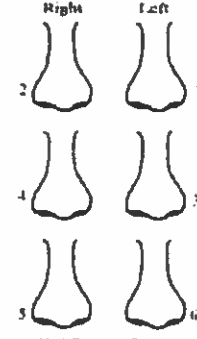

DATE ADMINISTERED

07/25/2015

TIME(24 HR)

1935

FIELD SOBRIETY TEST GUIDELINES

#1 Horizontal Gaze Nystagmus	#2 Walk & Turn	#3 One Leg Stand	#4 Romberg-Modified	#5 Finger to Nose	#6 Finger Count
When I tell you: a. Feet together b. Arms at sides c. Remove glasses/ note if wearing contacts d. Keep your head still e. Follow stimulus with your eyes f. <u>Do you understand?</u>	When I tell you: a. Place your right foot in front of left foot b. Keep hands at sides c. Don't move d. <u>Do you understand?</u> When I tell you: a. Take 9 heel/toe steps b. Count out loud, look at your feet while walking c. Turn as shown d. Do not stop until you complete the test e. <u>Do you understand?</u>	When I tell you: a. Feet together b. Arms at sides c. Lift leg six inches d. Watch elevated foot e. Count 1001, 1002, etc. until told to stop. (30 second test) f. <u>Do you understand?</u>	When I tell you: a. Feet together b. Arms at sides c. Keep your eyes closed, and head back d. Recite the alphabet from A to Z / Count backwards from 18 to 5 (or other) e. <u>Do you understand?</u>	When I tell you: a. Feet together b. Arms at sides c. Point index finger d. Keep eyes closed, and head back e. Touch tip of finger to tip of nose then return to ready position f. <u>Do you understand?</u>	When I tell you: a. Feet together b. Arms at sides c. Touch proper finger to thumb in correct order d. Count out loud e. 1-2-3-4-4-3-2-1 f. <u>Do you understand?</u>
OBSERVATION <input checked="" type="checkbox"/> Left eye does not follow smoothly <input checked="" type="checkbox"/> Distinct and sustained nystagmus at maximum deviation of the left eye <input type="checkbox"/> Left eye onset before 45 degrees <input checked="" type="checkbox"/> Right eye does not follow smoothly <input checked="" type="checkbox"/> Distinct and sustained nystagmus at maximum deviation of the right eye <input type="checkbox"/> Right eye onset before 45 degrees <input type="checkbox"/> Vertical nystagmus OFFICER NAME _____ BADGE _____ TYPE OF SURFACE USED FOR FIELD TEST <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input checked="" type="checkbox"/> Level <input type="checkbox"/> Uneven <input checked="" type="checkbox"/> Cement <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Street <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Sidewalk <input type="checkbox"/> Other (Specify) _____ SHOES / TYPE _____	OBSERVATION <input type="checkbox"/> Cannot keep balance while listening to instructions <input checked="" type="checkbox"/> Starts before instructions are finished <input type="checkbox"/> Stops while walking <input checked="" type="checkbox"/> Does not touch heel to toe <input type="checkbox"/> Steps off line <input type="checkbox"/> Raises arms <input type="checkbox"/> Improper turn <input type="checkbox"/> Incorrect number of steps 	OBSERVATION <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms to balance <input type="checkbox"/> Hopping <input checked="" type="checkbox"/> Puts foot down  SWAY Back to front Side to side <input type="checkbox"/> 1-2" <input type="checkbox"/> 1-2" <input type="checkbox"/> 3-4" <input type="checkbox"/> 3-4" <input type="checkbox"/> 5"+ <input type="checkbox"/> 5"+ COUNT _____	OBSERVATION <input type="checkbox"/> Required additional instruction during testing <input type="checkbox"/> Opened eyes during testing <input type="checkbox"/> Failed to keep heels together throughout <input type="checkbox"/> Failed to keep head back <input type="checkbox"/> Swayed front to back or side to side (record below) <input type="checkbox"/> Error in alphabet (record below) <input type="checkbox"/> Error in backward count (record below)   SWAY Back to front Side to side <input type="checkbox"/> 1-2" <input type="checkbox"/> 1-2" <input type="checkbox"/> 3-4" <input type="checkbox"/> 3-4" <input type="checkbox"/> 5"+ <input type="checkbox"/> 5"+ Alphabet A B C D E F G H I J K L M N O P Q R S T U V W X Y Z COUNT _____	OBSERVATION <input checked="" type="checkbox"/> Required additional instruction during testing <input type="checkbox"/> Opened eyes during testing <input type="checkbox"/> Failed to keep heels together throughout <input type="checkbox"/> Failed to keep head back <input type="checkbox"/> Used hand other than the one designated <input checked="" type="checkbox"/> Missed nose with fingertip (record miss locations below) <input checked="" type="checkbox"/> Touched nose with other than fingertip <input type="checkbox"/> Swayed front to back or right to left  Right Left 2 1 4 3 5 6 Mark Positions Touched	OBSERVATION <input type="checkbox"/> Required additional instruction during testing <input type="checkbox"/> Used hand other than the one designated <input type="checkbox"/> Missed touching all the proper fingers (record below) <input type="checkbox"/> Counted incorrectly (record below)  WEATHER CONDITIONS <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Windy <input type="checkbox"/> Rain <input type="checkbox"/> Other TRAFFIC CONDITIONS <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

FIELD SOBRIETY TEST COMMENTS

Very loud, kept squinting his eyes, use of profanity

INTERVIEW

WERE YOU OPERATING/DOES YOUR VEHICLE HAVE ANY MECHANICAL DEFECTS?
THE VEHICLE?☐ No ☒ Yes ☒ No ☐ Yes: Explain:DID YOU FEEL ANY EFFECTS OF ALCOHOL /
DRUGS WHEN STOPPED/ HAD ACCIDENT?☒ No ☐ YesLENGTH OF TIME YOU WERE DRIVING BEFORE
STOPPED/ HAD ACCIDENT?

20 minutes

WHERE WERE YOU COMING FROM?

Just driving

WHERE WERE YOU GOING TO?

Home

WHERE HAD YOU BEEN DRINKING / USING DRUG?

Car

TYPE OF ALCOHOL / DRUGS USED?

AMOUNT?

TIME YOU STARTED?

TIME YOU STOPPED?

HAVE YOU HAD ANYTHING TO DRINK IN THE HOUR BEFORE STOPPED / HAD ACCIDENT?

☒ No ☐ Yes: How Much?

ARE YOU UNDER THE CARE OF A PHYSICIAN?

☒ No ☐ Yes

ANY ALLERGIES? PHYSICAL DISABILITIES? DIABETIC?

☐ No ☒ Yes ☒ No ☐ Yes☒ No ☐ Yes

WHEN DID YOU LAST EAT?

4:00pm

CURRENT WEIGHT?

190

WHAT TIME IS IT?

8pm

WHAT DATE IS IT?

07/25/2015

ARE YOU SICK / INJURED?

☒ No ☐ Yes

MEDICATIONS OR DRUGS USED IN THE LAST 24 HOURS?

☒ No ☐ Yes - Why:

Type:

HOURS SLEEP LAST NIGHT?

6

ARE YOU TIRED?

☐ No ☒ Yes

IF FELONY: DID YOU KNOW YOUR LICENSE WAS SUSPENDED / REVOKED?

☐ No ☐ Yes - How did you know?

INTOXICATING ODOR?

☒ Moderate ☐ Light ☐ Strong ☐ None

ON A SCALE OF 1 TO 10, WITH 1 BEING COMPLETELY SOBER, AND 10 BEING FALLING DOWN DRUNK, WHAT WOULD YOU RATE YOURSELF? 2

INTERVIEW START TIME

2057

INTERVIEW STOP TIME

2107

OFFICER NAME

J. Baker

ID NUMBER

5150

INTOXILYZER 8000
Location: PHOENIX
Serial Number: 80-000433
Core Version: 8105.48
07/25/2015
20:36:10

Standard Lot#: 779386
Last Changed By: S. Alt #4129

QAS: s. alt #4129
Arizona dps

Operator: J. BAKER #5150
ARIZONA DPS

Subject: JACKSON, DANIEL, M
DOB: 06/16/1977
Sex: M Weight: 190

15 Minute Deprivation Period? Yes

Test	g/210L	Time
Air Blank	0.000	20:37:41
Diagnostic Test	Pass	20:38:15
Air Blank	0.000	20:38:43
0.100 Cal Check	0.099	20:39:03
Air Blank	0.000	20:39:33
Subject Test	0.088	20:40:27
Air Blank	0.000	20:41:00
Wait		
Air Blank	0.000	20:45:54
Subject Test	0.088	20:46:26
Air Blank	0.000	20:47:00
0.100 Cal Check	0.099	20:47:21
Air Blank	0.000	20:47:50
Diagnostic Test	Pass	20:48:24

Successfully Completed Test Sequence



Arizona Department of
Public Safety

2102 West Encanto Blvd.
Phoenix, AZ 85005 - 6638
(602) 223-2000
azdps.gov

DUPLICATE BREATH TEST ADVISORY

AFTER COMPLETING THE TESTS OF YOUR BREATH YOU WILL BE GIVEN A REASONABLE OPPORTUNITY TO ARRANGE FOR ANY PHYSICIAN, REGISTERED NURSE OR OTHER QUALIFIED PERSON OF YOUR OWN CHOOSING TO OBTAIN AN INDEPENDENT TEST OR TESTS IN ADDITION TO ANY ADMINISTERED BY A LAW ENFORCEMENT OFFICER.

ACKNOWLEDGEMENT

I UNDERSTAND THAT I HAVE THE RIGHT TO A REASONABLE OPPORTUNITY TO ARRANGE FOR AN INDEPENDENT TEST OF MY BLOOD, BREATH OR OTHER BODILY SUBSTANCE

David Jackson
SUBJECT

7/25/15 8:55
DATE/TIME

J. BAKER SISO
OFFICER / BADGE #

7/25/15 20:55
DATE/TIME

EXHIBIT G-1
OPERATIONAL CHECKLIST
ARIZONA DEPARTMENT OF PUBLIC SAFETY
STANDARD OPERATIONAL PROCEDURE
INTOXILYZER MODEL 8000

DUPLICATE BREATH TEST

SUBJECT NAME DANZEL MICHAEL JACKSON DATE 07/25/15

AGENCY PHOENIX OPERATOR J. BAKER 5150

INSTRUMENT SERIAL # 80-000433 LOCATION PHOENIX

TEST RESULTS 0. 088 AC TIME 20:40
 0. 088 AC TIME 20:46
 0. _____ AC TIME _____

Immediately preceding administration of the tests, subject underwent at least a 15-minute deprivation period:

From 20:15 to 20:30 by J. BAKER 5150
(Time) (Time) (Name)

- (✓) 1. Display reads "PUSH BUTTON TO START."
- (✓) 2. Push Start Test Button.
- (✓) 3. Follow automated instructions on instrument display.
- (✓) 4. If test record reads "Successfully Completed Test Sequence" go to step 5.

OR

If test record reads "Not a Successfully Completed Test Sequence", and subject will be tested again, remove test record and go to step 1

OR

If test record reads "Not a Successfully Completed Test Sequence", and subject will not be tested again, remove test record and go to step 5

- (✓) 5. Remove test record.

Note: Duplicate breath tests shall be administered at intervals of not less than 5 minutes nor more than 10 minutes apart and the two consecutive tests shall agree within 0.020 alcohol concentration.



ARIZONA DEPARTMENT OF PUBLIC SAFETY

SCIENTIFIC EXAMINATION REPORT

DR NO. 2015XY0789

Page 1 of 1

AGENCY Arizona Department of Public Safety - 2900

AGENCY NO. 2015XY0789

OFFICER BAKER, #5150

DATE October 01, 2015

NAME(S) JACKSON, DANIEL MICHAEL



EXAMINATION REQUESTED

Alcohol Analysis

ITEMS

4. Blood Specimen

RESULTS / INTERPRETATIONS

4. Analysis of the specimen showed it to contain 0.089 ± 0.005 grams of ethanol per 100 mL of blood.

Erin E. Boone

Uncertainty of the concentration is given at a level of confidence greater than 99.73%.

ERIN E. BOONE, #5823, Criminalist
Central Regional Crime Laboratory
2102 W. Encanto Blvd., Phoenix, AZ 85009
602-223-2281

Laboratory System Accredited by the ASCLD/LAB - International (ISO)

Any notes, photographs, charts, or graphs generated during the examination are retained in the laboratory.





SIMPLE

are free time:
allistic ways to
your schedule